## Delaware Division of Corporations 401 Federal Street – Suite 4 Dover, DE 19901

Phone: 302-739-3073 Fax: 302-739-3812

Certificate of Incorporation of a Public Benefit Corporation

Dear Sir or Madam:

Attached please find a form for a Certificate of Incorporation of a Public Benefit Corporation to be filed in accordance with the General Corporation Law of the State of Delaware. The fee to file the Certificate is a minimum of \$89.00. If your document is more than 1 page, please include \$9.00 for each additional page. You will receive a stamped filed copy of your submitted document. A certified copy may be requested for an additional \$50. The authorized stock listed in the document can affect the filing fee and may cause the filing fee to exceed the minimum; please call our office for verification. Expedited services are available. Please contact our office concerning these fees. Please make your check payable to the "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State Division of Corporations

## STATE of DELAWARE CERTIFICATE of INCORPORATION A PUBLIC BENEFIT CORPORATION Of

(name of corporation)

• <b>First:</b> The name of this Corporatio	n is	
• Second: Its Registered Office in the County of Z The Registered Agent in charge the	Street, in the Cip Code	
• Third: The specific public benefit	t purpose of the	corporation is to
	-	poration is authorized to issue is f authorized shares) with a par value
• Fifth: The name and mailing address  Name  Mailing Address	ess of the incorp	porator are as follows:  Zip Code
• I, The Undersigned, for the purpo State of Delaware, do make, file facts herein stated are true, and I day of	and record this	Certificate, and do certify that the gly hereunto set my hand this
	BY: NAME:	(Incorporator) (type or print)